Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 1 of 61

| Fill in this information to identify your case: | | |
|---|-------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | Chapter you are filing under: | |
| | Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | ☐ Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pai | rt 1: Identi | fy Yourself | | |
|-----|--|--|---|---|
| | | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full n | ame | | |
| | your govern picture ider example, y license or Bring your identificatio | passport). picture | Elizabeth First name Esther Middle name DiVirgilio Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| 2. | used in the | ames you have e last 8 years ur married or mes. | | |
| 3. | your Socia number or Individual | federal | xxx-xx-4422 | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 2 of 61

Case number (if known)

Debtor 1 Elizabeth Esther DiVirgilio

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|---|---|---|
| 1. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) | ☐ I have not used any business name or EINs. Business name(s) |
| | | EINs | EINS |
| 5. | Where you live | 4144 1/2 N. Keystone Avenue Apartment 1W | If Debtor 2 lives at a different address: |
| | | Chicago, IL 60641 Number, Street, City, State & ZIP Code | Number, Street, City, State & ZIP Code |
| | | Cook County | County |
| | | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) |
| | | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 3 of 61

Debtor 1 Elizabeth Esther DiVirgilio

Case number (if known)

| ar | t 2: Tell the Court About | our B | ankruptcy Ca | ise | | | | |
|-----|---|---|----------------|--|------------------------|------------------|--|-------------------------|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | |
| | choosing to file under | ■ C | hapter 7 | | | | | |
| | | □с | hapter 11 | | | | | |
| | | □с | hapter 12 | | | | | |
| | | □с | hapter 13 | | | | | |
| | | | • | | | | | |
| 3. | How you will pay the fee | | about how yo | ou may pay. Typ attorney is subr | ically, if you are pay | ing the fee you | with the clerk's office in your local rself, you may pay with cash, cash f, your attorney may pay with a cre | ier's check, or money |
| | | | | It to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Billing Fee in Installments (Official Form 103A). | | | | |
| Ğ | | | | t my fee be wa | ived (You may requ | est this option | only if you are filing for Chapter 7. | |
| | | | applies to you | ur family size an | d you are unable to | pay the fee in i | r income is less than 150% of the one installments). If you choose this op all Form 103B) and file it with your part of the control of the co | tion, you must fill out |
|). | Have you filed for bankruptcy within the last 8 years? | ■ No | | | | | | |
| | last o years. | — 16 | District | | Whe | an An | Case number | |
| | | | District | | Whe | | Case number | |
| | | | District | | Whe | | Case number | |
| | | | | | | ··· | | |
| 10. | Are any bankruptcy cases pending or being | ■ No |) | | | | | |
| | filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate? | □ Ye | es. | | | | | |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | Whe | en | Case number, if knowr | 1 |
| | | | Debtor | | | | Relationship to you | |
| | | | District | | Whe | en | Case number, if knowr | 1 |
| 11. | Do you rent your | | O. Go to I | ine 12. | | | | |
| | residence? | ■ Ye | es. Has yo | our landlord obta | nined an eviction jud | gment against | you and do you want to stay in you | ır residence? |
| | | | | No. Go to line | 12. | | | |
| | | | _ | Yes. Fill out Inc | | t an Eviction Ju | udgment Against You (Form 101A) | and file it with this |
| | | | | | | | | |

| | | Document | Page 4 of 61 | |
|----------|-----------------------------|----------|------------------------|--|
| Debtor 1 | Flizabeth Esther DiVirgilio | | Case number (if known) | |

| art | 3: Report About Any Bu | sinesses ` | You Own | as a Sole Proprieto | or | |
|--|---|------------------------|---|---|--|--|
| 12. | Are you a sole proprietor of any full- or part-time business? | ■ No. | Go to I | Part 4. | | |
| | | ☐ Yes. | Name | Name and location of business | | |
| | A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. | | Name | ame of business, if any | | |
| | If you have more than one sole proprietorship, use a separate sheet and attach | | Numbe | er, Street, City, State | & ZIP Code | |
| | it to this petition. | | Check | ck the appropriate box to describe your business: | | |
| | | | | | ess (as defined in 11 U.S.C. § 101(27A)) | |
| | | | | Single Asset Real E | Estate (as defined in 11 U.S.C. § 101(51B)) | |
| | | | | Stockbroker (as def | fined in 11 U.S.C. § 101(53A)) | |
| | | | | Commodity Broker | (as defined in 11 U.S.C. § 101(6)) | |
| | | | | None of the above | | |
| 13. | Are you filing under Chapter 11 of the Bankruptcy Code and are you a <i>small business</i> debtor? | deadlines operation | e filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate as. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ans, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure S.C. 1116(1)(B). | | | |
| | For a definition of small | ■ No. | I am no | ot filing under Chapte | er 11. | |
| | business debtor, see 11 U.S.C. § 101(51D). | □ No. | I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code. | | | |
| | | ☐ Yes. | I am fil | ing under Chapter 1 | 1 and I am a small business debtor according to the definition in the Bankruptcy Code. | |
| art | : 4: Report if You Own or | Have Any | Hazardoi | us Property or Any | Property That Needs Immediate Attention | |
| 14. | Do you own or have any | ■ No | | | | |
| | property that poses or is alleged to pose a threat of imminent and | ■ No. □ Yes. | What is the | ne hazard? | | |
| identifiable hazard to public health or safety? Or do you own any property that needs immediate attention? | | | | ate attention is why is it needed? | | |
| | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? | | Where is | the property? | Number, Street, City, State & Zip Code | |
| | | | | | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 5 of 61

Debtor 1 Elizabeth Esther DiVirgilio

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Debtor 1 Elizabeth Esther DiVirgilio Document Page 6 of 61 Case number (if known)

| Par | 6: Answer These Questi | ons for R | eporting Purposes | | | | | |
|------|---|--|---|---|----------------------------|---|--|--|
| 16. | What kind of debts do you have? | 16a. | Are your debts primarily consult individual primarily for a personal, | | | n 11 U.S.C. § 101(8) as "incurred by an | | |
| | | | ☐ No. Go to line 16b. | | | | | |
| | | | Yes. Go to line 17. | | | | | |
| | | 16b. | Are your debts primarily busine money for a business or investme | | | | | |
| | | | ☐ No. Go to line 16c. | | | | | |
| | | | ☐ Yes. Go to line 17. | | | | | |
| | | 16c. | State the type of debts you owe the | nat are not consum | er debts or business de | bts | | |
| 17. | Are you filing under Chapter 7? | □ No. | I am not filing under Chapter 7. Go | o to line 18. | | | | |
| | Do you estimate that after any exempt property is excluded and | ■ Yes. | I am filing under Chapter 7. Do yo are paid that funds will be available | | | is excluded and administrative expenses | | |
| | administrative expenses are paid that funds will | | ■ No | | | | | |
| | property is excluded and administrative expenses | | Yes | | | | | |
| 18. | you estimate that you | ■ 1-49 □ 50-99 | | □ 1,000-5,000 □ 5001-10,000 | | □ 25,001-50,000 □ 50,001-100,000 | | |
| | owe: | □ 100-1 □ 200-9 | | 10,001-25,000 | 0 | ☐ More than100,000 | | |
| 19. | How much do you estimate your assets to | \$0 - \$ | 50,000 01 - \$100,000 | □ \$1,000,001 - \$ □ \$10,000,001 - \$ | | □ \$500,000,001 - \$1 billion □ \$1,000,000,001 - \$10 billion | | |
| | be worth? | □ \$100, | 01 - \$100,000 001 - \$500,000 001 - \$1 million | \$50,000,001 - \$100,000,001 | - \$100 million | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| 20. | How much do you estimate your liabilities | \$0 - \$ | | \$1,000,001 - 3 | | \$500,000,001 - \$1 billion | | |
| | to be? | □ \$100, | 001 - \$100,000 001 - \$500,000 001 - \$1 million | □ \$10,000,001 - □ \$50,000,001 - □ \$100,000,001 | - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion | | |
| Pari | 7: Sign Below | | | | | | | |
| For | you | I have ex | camined this petition, and I declare | under penalty of pe | erjury that the informatio | n provided is true and correct. | | |
| | | | chosen to file under Chapter 7, I an tates Code. I understand the relief a | | | er Chapter 7, 11,12, or 13 of title 11, e to proceed under Chapter 7. | | |
| | If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). | | | | | attorney to help me fill out this | | |
| | | I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. | | | | | | |
| | I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 15 and 3571. | | | | | | | |
| | | Elizabe | sbeth Esther DiVirgilio th Esther DiVirgilio e of Debtor 1 | | Signature of Debtor 2 | | | |
| | | Executed | d on February 17, 2017 | | Executed on | | | |
| | MM / DD / YYYY | | | | | O / YYYY | | |

Debtor 1 Elizabeth Esther DiVirgilio Document Page 7 of 61 Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Angela Spalding | Date | February 17, 2017 |
|--|---------------|----------------------------|
| Signature of Attorney for Debtor | - | MM / DD / YYYY |
| | | |
| Angela Spalding | | |
| Printed name | | |
| Spalding Law Center LLC | | |
| Firm name | | |
| 2218 W. Chicago Ave. | | |
| Chicago, IL 60622 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 773-227-2218 | Email address | info@spaldinglawcenter.com |
| 6274242 | | |
| Bar number & State | | |

| | | Docume | ent Page 8 of 61 | |
|---------------------|--------------------------|-------------------|------------------|------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Elizabeth Esther | DiVirgilio | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is |
| | | | | amended filing |

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

this is an

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new Summary and check the box at the top of this page.

| | | Your as Value o | ssets of what you own |
|-----|--|--------------------|-------------------------------|
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 0.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 12,958.58 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 12,958.58 |
| Par | t 2: Summarize Your Liabilities | | |
| | | | abilities t you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 0.00 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 58,742.51 |
| | Your total liabilities | \$ | 58,742.51 |
| Par | t 3: Summarize Your Income and Expenses | | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 2,077.59 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 2,676.31 |
| Par | 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ır other sch | nedules. |
| | ■ Yes | | |

- household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Case 17-04674 Doc 1 Page 9 of 61 Case number (if known) Document

Debtor 1 Elizabeth Esther DiVirgilio

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

2,292.34

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| | Total | claim |
|--|-------|-----------|
| From Part 4 on Schedule E/F, copy the following: | | |
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 24,250.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 24,250.00 |

| C | ase 17-04074 Duc | Document Page 10 of 6 | 11/11 14.39.21 1 | Desc Main |
|--|---|---|---|--|
| Fill in this info | ormation to identify your case a | | | |
| Debtor 1 | Elizabeth Esther DiVirg | ilio | | |
| Dalatan | First Name | Middle Name Last Name | | |
| Debtor 2 (Spouse, if filing) | First Name | Middle Name Last Name | | |
| United States E | Bankruptcy Court for the: NOR | THERN DISTRICT OF ILLINOIS | | |
| Case number | | | | ☐ Check if this is an |
| | | | | amended filing |
| | | | | |
| Official F | orm 106A/B | | | |
| Schedu | le A/B: Propert | y | | 12/15 |
| think it fits best. information. If me Answer every qu | Be as complete and accurate as p ore space is needed, attach a sepa estion. | List an asset only once. If an asset fits in more the ossible. If two married people are filing together, but rate sheet to this form. On the top of any additional | oth are equally responsible I pages, write your name and | for supplying correct |
| Part 1: Describ | e Each Residence, Building, Land | or Other Real Estate You Own or Have an Interest | <u>In</u> | |
| 1. Do you own o | r have any legal or equitable intere | st in any residence, building, land, or similar prope | rty? | |
| No. Go to P | art 2. | | | |
| ☐ Yes. Where | e is the property? | | | |
| Part 2: Describ | e Your Vehicles | | | |
| someone else d | | interest in any vehicles, whether they are regardereport it on Schedule G: Executory Contracts and ehicles, motorcycles | | ny venicies you own that |
| 3.1 Make: | Saturn | Who has an interest in the property? Check one | | red claims or exemptions. Put |
| Model: | L-Series | ■ Debtor 1 only | | secured claims on Schedule D: e Claims Secured by Property. |
| Year: | 2002 | Debtor 2 only | Current value of the | |
| Approxim Other info | nate mileage: 132,000 prmation: | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | entire property? | portion you own? |
| | edan 4D | | A 4 004 | 00 04 004 00 |
| PIF Val | ue based on Kelley Blue | ☐ Check if this is community property (see instructions) | <u>\$1,001.</u> | 91,001.00 |
| | rivate party value fair | | | |
| | | nd other recreational vehicles, other vehicles, attercraft, fishing vessels, snowmobiles, motorcyc | | |
| | | vn for all of your entries from Part 2, including that number here | | \$1,001.00 |
| | e Your Personal and Household It | ems terest in any of the following items? | | Current value of the |
| Do you own o | . mare any logal of equitable II | notes and any of the following items: | | portion you own? Do not deduct secured claims or exemptions. |

Official Form 106A/B Schedule A/B: Property page 1

| _ | | Case 17-0 | | Doc 1 | Filed 02/17/17 Document | Page 11 of 61 | | Desc Main | |
|----|---|---|--|----------------|--|--|------------|-------------------------|-------------|
| D | ebtor 1 | Elizabeth Es | ther DiVir | gilio | | Case number | (if known) | | |
| 6. | Example No | old goods and fu es: Major appliand Describe | urnishings ces, furnitur | re, linens, ch | nina, kitchenware | | | | |
| | | | | | usehold goods include & chairs, coffee/ | Iding: bedroom suite, couch, and tables | | | \$450.00 |
| 7. | □No | es: Televisions ar | | | stereo, and digital equip ia players, games | oment; computers, printers, scanners | s; music c | collections; electronic | c devices |
| | | | | | ling: television, VCR aptop, tablet. | / DVD player, | | | \$650.00 |
| 8. | Example No | oles of value es: Antiques and other collection | | | | oks, pictures, or other art objects; sta | amp, coin | , or baseball card co | ollections; |
| | | | 2 paintin | ngs from lo | ocal artist. | |] | | \$100.00 |
| 10 | ■ No □ Yes. Firearm Examp No □ Yes. Clothes Examp No □ No | musical instru Describe ns bles: Pistols, rifles Describe | graphic, exe iments s, shotguns, | ercise, and c | other hobby equipment; n, and related equipmen s, designer wear, shoes | | ; canoes | and kayaks; carpen | try tools; |
| | | | Clothing |) Apparel | | |] | | \$200.00 |
| 12 | □ No ′ | | welry, costu | me jewelry, | engagement rings, wed | ding rings, heirloom jewelry, watche | s, gems, ç | gold, silver | |
| | | | Costume | e jewelry | | | | <u></u> | \$20.00 |
| 13 | Examp □ No | rm animals bles: Dogs, cats, b Describe | Domesti | | | | 1 | | \$50.00 |
| | | | Donneall | o cai | | | 1 | | Ψ50.00 |

Official Form 106A/B Schedule A/B: Property page 2

| Debtor 1 | | 4674 Doc 1 | Filed 02/17/17 Document | Entered 02/17/17 14:39:21 Page 12 of 61 Case number (if known) | Desc Main |
|-----------------|---|--------------------------------------|---|---|---|
| | | | | | |
| ■ No | • | • | u did not already list, ir | cluding any health aids you did not list | |
| | | | om Part 3, including ar | ny entries for pages you have attached | \$1,470.00 |
| Part 4: | Describe Your Financia | al Assets | | | |
| Do you | own or have any leg | al or equitable inter | est in any of the follow | ing? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ☐ No | mples: Money you ha | | | sit box, and on hand when you file your petil | ion |
| ■ Ye | S | | | | |
| | | | | Cash on hand | \$100.00 |
| | institutions. If | | al accounts; certificates o | f deposit; shares in credit unions, brokerage itution, list each. | houses, and other similar |
| | S | | Institution n | ame: | |
| | | 17.1. Checking | Wintrust I | Bank | \$1,000.00 |
| | | | | | |
| | | 17.2. Savings | Wintrust I | Bank | \$37.38 |
| | • | | cks rith brokerage firms, mon | ey market accounts | |
| | S | Institution or is | ssuer name: | | |
| 19. Non- | publicly traded stoo t venture | ck and interests in ir | ncorporated and uninco | orporated businesses, including an intere | st in an LLC, partnership, and |
| _ | s. Give specific infor | mation about them Name of entity: | | % of ownership: | |
| | | administering | dependant contracto insurance health exa ed as a 1099 employe | ıms. | |
| | | not operate a b | ousiness. | % | \$0.00 |
| Neg Non | otiable instruments in -negotiable instrumer | clude personal check | | egotiable instruments nissory notes, and money orders. by signing or delivering them. | |
| ■ No □ Ye | s. Give specific inforn | nation about them Issuer name: | | | |
| | • | | 1(k), 403(b), thrift saving: | s accounts, or other pension or profit-sharing | plans |
| _ | s. List each account s | | In a Charles | 0000 | |
| Official Fo | orm 106A/B | Type of account: | Institution n Schedule A/B: P | | page 3 |
| • | | | , | | F~30 0 |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Page 13 of 61
Case number (if known)

Document Debtor 1 Elizabeth Esther DiVirgilio

| | | Pension | | Retirement account with | TIA-CREFF. | \$9,150.20 |
|----|--|--------------------|-------------------|---|----------------------------|---|
| 22 | | d deposits you ha | | t you may continue service or uso ic utilities (electric, gas, water), to | | anies, or others |
| | ■ Yes | | | Institution name or individual: | | |
| | | Rental depo | osit | Security deposit of \$840. North Keystone LLC - no present value to the | | \$0.00 |
| 23 | . Annuities (A contract fo | or a periodic paym | nent of money to | you, either for life or for a number | er of years) | |
| | ☐ Yes Is: | suer name and de | escription. | | | |
| 24 | . Interests in an education 26 U.S.C. §§ 530(b)(1), § | | | ied ABLE program, or under a | qualified state tuition p | rogram. |
| | · · · · | stitution name an | d description. Se | eparately file the records of any ir | nterests.11 U.S.C. § 521(c | c): |
| 25 | . Trusts, equitable or fur ■ No □ Yes. Give specific info | | | than anything listed in line 1), | and rights or powers ex | xercisable for your benefit |
| 26 | · | | | ther intellectual preparty | | |
| 26 | | | | ther intellectual property rom royalties and licensing agree | ments | |
| | ☐ Yes. Give specific info | ormation about th | iem | | | |
| 27 | Licenses, franchises, a Examples: Building per No | | | ive association holdings, liquor li | censes, professional licer | nses |
| | ☐ Yes. Give specific info | ormation about th | iem | | | |
| M | oney or property owed t | o you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28 | . Tax refunds owed to y □ No | | | | | |
| | ■ Yes. Give specific info | ormation about the | em, including wh | ether you already filed the return | is and the tax years | |
| | | | Debtor expe | cts to owe for 2016 taxes | Federal | \$0.00 |
| 29 | . Family support Examples: Past due or ■ No | lump sum alimon | y, spousal suppo | ort, child support, maintenance, c | divorce settlement, proper | ty settlement |
| | ☐ Yes. Give specific info | ormation | | | | |
| 30 | benefits; un | | | , disability benefits, sick pay, vacalelse | ation pay, workers' comp | ensation, Social Security |
| | No☐ Yes. Give specific infe | ormation | | | | |

| | Case 17-0 | 4674 | Doc 1 | Filed 02/17/17 | | Desc Main |
|----------------|---|------------------|-----------------------------|--|--|---|
| Debtor 1 | Elizabeth Est | her DiV | irgilio | Document | Page 14 of 61 Case number (if known) | |
| | ests in insurance p mples: Health, disab | | e insurance; I | nealth savings account (| HSA); credit, homeowner's, or renter's insura | ance |
| ■ Yes | s. Name the insuran | | any of each p pany name: | olicy and list its value. | Beneficiary: | Surrender or refund value: |
| | | Gro | up provide | rance with: The Hart d thru employer. nder value to debtor | none named (new policy) | \$0.00 |
| If you some | | of a livin | | someone who has die ct proceeds from a life in | ed surance policy, or are currently entitled to rea | ceive property because |
| Exan ■ No | | nploymer | | you have filed a lawsu surance claims, or rights | it or made a demand for payment s to sue | |
| 34. Other ■ No | | nliquidat | ed claims of | every nature, includin | g counterclaims of the debtor and rights (| o set off claims |
| ■ No | inancial assets you | | already list | | | |
| | | | | | ny entries for pages you have attached | \$10,287.58 |
| Part 5: D | Describe Any Busines | ss-Related | Property You | Own or Have an Interest | In. List any real estate in Part 1. | |
| □ No. 0 | u own or have any leg Go to Part 6. Go to line 38. | gal or equ | itable interest | in any business-related p | roperty? | |
| | | | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | unts receivable or | commis | sions you al | ready earned | | |
| Exan | e equipment, furni mples: Business-rela s. Describe | | | | opiers, fax machines, rugs, telephones, desk | s, chairs, electronic devices |
| | | printer Exams | | er to print out report | ts for Assured Medical | \$200.00 |
| ■ No | | uipment, | supplies yo | u use in business, and | tools of your trade | |
| | s. Describe orm 106A/B | | | Schedule A/B: F | Property | page 5 |
| Jinolal I U | 100//0 | | | John Gadie A/D. F | roporty | page 3 |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Page 15 of 61

Case number (if known) Document Debtor 1 Elizabeth Esther DiVirgilio 41. Inventory ■ No ☐ Yes. Describe..... 42. Interests in partnerships or joint ventures ■ No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 43. Customer lists, mailing lists, or other compilations Do your lists include personally identifiable information (as defined in 11 U.S.C. § 101(41A))? ■ No ☐ Yes. Describe..... 44. Any business-related property you did not already list ■ No ☐ Yes. Give specific information....... 45. Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached \$200.00 for Part 5. Write that number here..... Part 6 Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here

\$0.00

List the Totals of Each Part of this Form Part 8: 55. Part 1: Total real estate, line 2 \$0.00 Part 2: Total vehicles, line 5 \$1,001.00 57. Part 3: Total personal and household items, line 15 \$1,470.00 58. Part 4: Total financial assets, line 36 \$10,287.58 Part 5: Total business-related property, line 45 \$200.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 61. Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... \$12,958.58 Copy personal property total \$12,958.58

63. Total of all property on Schedule A/B. Add line 55 + line 62

\$12,958.58

| | | IAMAIIII. | | , , | |
|---|--------------------------|-------------------|-------------|-------------------|--|
| Fill in this infor | rmation to identify your | case: | | | |
| Debtor 1 | Elizabeth Esther | DiVirgilio | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if amende | |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Specific laws that allow exemption

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Brief description of the property and line on

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
 - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
 - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Current value of the

| | Schedule A/B that lists this property | Copy the value from Check only one box for each exemption. Schedule A/B | | | | |
|---|--|---|--|---|-----------------------|--|
| | | | | | | |
| | 2002 Saturn L-Series 132,000 miles L100 Sedan 4D | \$1,001.00 | | \$2,400.00 | 735 ILCS 5/12-1001(c) | |
| р | PIF Value based on Kelley Blue Book private party value fair condition Line from Schedule A/B: 3.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | miscellaneous household goods including: bedroom suite, couch, | \$450.00 | | \$450.00 | 735 ILCS 5/12-1001(b) | |
| | rocking chair, table & chairs, coffee/ end tables Line from Schedule A/B: 6.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | Electronics including: television, VCR/ DVD player, stereo/speakers, | \$650.00 | | \$650.00 | 735 ILCS 5/12-1001(b) | |
| | laptop, tablet. Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | | |
| | 2 paintings from local artist. | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) | |
| | | | | 100% of fair market value, up to any applicable statutory limit | | |

Amount of the exemption you claim

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 17 of 61

| υe | btor 1 Elizabeth Estner Divirgilio | | | Case number (if known) | |
|----|---|--------------------------------------|---------|---|------------------------------------|
| | Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | Am | ount of the exemption you claim | Specific laws that allow exemption |
| | | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| | Clothing Apparel Line from Schedule A/B: 11.1 | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(a) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Costume jewelry Line from Schedule A/B: 12.1 | \$20.00 | | \$20.00 | 735 ILCS 5/12-1001(b) |
| | | | | 100% of fair market value, up to any applicable statutory limit | |
| | Domestic cat Line from Schedule A/B: 13.1 | \$50.00 | | \$50.00 | 735 ILCS 5/12-1001(b) |
| | Ellie Holli Golloddio 772. 1611 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Cash on hand Line from Schedule A/B: 16.1 | \$100.00 | | \$100.00 | 735 ILCS 5/12-1001(b) |
| | Line Holli Schedule Arb. 10.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: Wintrust Bank Line from Schedule A/B: 17.1 | \$1,000.00 | | \$1,000.00 | 735 ILCS 5/12-1001(b) |
| | Ellie Holli Gollodale 772. TTT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Savings: Wintrust Bank Line from Schedule A/B: 17.2 | \$37.38 | | \$37.38 | 735 ILCS 5/12-1001(b) |
| | Ellie Holli Golledale 742. TT.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Pension: Retirement account with TIA-CREFF. | \$9,150.20 | | \$9,150.20 | 735 ILCS 5/12-1006 |
| | Line from Schedule A/B: 21.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | printer and scanner to print out reports for Assured Medical Exams. | \$200.00 | | \$200.00 | 735 ILCS 5/12-1001(d) |
| | Line from Schedule A/B: 39.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | Are you claiming a homestead exemption (Subject to adjustment on 4/01/19 and every | | | led on or after the date of adjustmen | nt) |
| | No | _ , 50.0 0.00 0.00 | | or and and did of adjustmen | , |
| | ☐ Yes. Did you acquire the property cover | red by the exemption wi | ithin 1 | ,215 days before you filed this case? | ? |
| | □ No | | | | |
| | ☐ Yes | | | | |

| | | 130 70 71 71 71 71 | | |
|---|--------------------------|--------------------|-------------|--|
| Fill in this info | rmation to identify your | case: | | |
| Debtor 1 | Elizabeth Esther | DiVirgilio | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | |
| | | | | |

Official Form 106D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

- 1. Do any creditors have claims secured by your property?
 - No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below.

| | 0400 11 04014 1 | Document Document | Page 19 | 9 of 61 | Descrivani |
|-----------------------------|---|---|------------------|---|---------------------------------|
| Fill in this | s information to identify your | | | | |
| Debtor 1 | Elizabeth Esther | DiVirgilio | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, fil | ing) First Name | Middle Name | Last Name | | |
| | • | | | | |
| United Sta | ates Bankruptcy Court for the: | NORTHERN DISTRICT OF ILL | INOIS | | |
| Case num | nber | | | | |
| if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| Official | Form 106E/F | | | | |
| | | ho Have Unsecured | Claims | | 12/15 |
| | | se Part 1 for creditors with PRIORITY | | Part 2 for creditors with NONPRIORIT | |
| chedule Deft. Attach | : Creditors Who Have Claims Sec | oired Leases (Official Form 106G). Do cured by Property. If more space is n ge. If you have no information to rep | eeded, copy t | he Part you need, fill it out, number | the entries in the boxes on the |
| | creditors have priority unsecure | | | | |
| ` | Go to Part 2. | ou ciumo agamer you . | | | |
| ☐ Yes | | | | | |
| Part 2: | List All of Your NONPRIORI | TY Unsecured Claims | | | |
| 3. Do anv | creditors have nonpriority unse | cured claims against you? | | | |
| | • • | part. Submit this form to the court with y | our other sche | dules | |
| | | sart. Submit and form to and occur wan y | our ourior corre | adioo. | |
| Yes | S. | | | | |
| unsecu | ared claim, list the creditor separated ne creditor holds a particular claim, | laims in the alphabetical order of the ly for each claim. For each claim listed, list the other creditors in Part 3.If you ha | identify what t | pe of claim it is. Do not list claims already | ady included in Part 1. If more |
| | | | | | Total claim |
| 4.1 A | vant Credit, Inc | Last 4 digits of acco | ount number | 6295 | \$0.00 |
| No | onpriority Creditor's Name | | | | |
| | 40 N La Salle St uite 535 | When was the debt | incurred? | Opened 12/15 Last Active 02/16 | |
| _ | hicago, IL 60654 | When was the debt | iliculteu : | 02/10 | |
| | umber Street City State Zlp Code | As of the date you fi | ile, the claim i | s: Check all that apply | |
| W | ho incurred the debt? Check one. | | | | |
| | Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | f I At least one of the debtors and an | _ | TY unsecured | claim: | |
| | Check if this claim is for a com | <u> </u> | | | |
| | ebt the claim subject to offset? | ☐ Obligations arisinç report as priority clain | | ration agreement or divorce that you di | d not |
| | No | | | g plans, and other similar debts | |
| | l _{Yes} | Other. Specify | - | | |
| _ | 100 | Utner. Specify | .555 5.115 | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 20 of 61

Case number (if know) Debtor 1 Elizabeth Esther DiVirgilio 4.2 \$2,807.73 **Barclays Bank Delaware** Last 4 digits of account number 1784 Nonpriority Creditor's Name Opened 09/15 Last Active Po Box 8801 When was the debt incurred? 11/16 Wilmington, DE 19899 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Credit card purchases 4.3 **Card Services** Last 4 digits of account number 1784 \$0.00 Nonpriority Creditor's Name When was the debt incurred? P.O Box 60517 November 2016 City of Industry, CA 91716 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only □ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community $\hfill\square$ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Notice Only for barclaycard Other, Specify 4.4 Citibank / Sears \$0.00 Last 4 digits of account number 9333 Nonpriority Creditor's Name Opened 12/08 Last Active **Citicorp Credit Services** Po Box 790040 When was the debt incurred? 12/11 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes ■ Other. Specify Notice Only

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main

Document Page 21 of 61

Case number (if know) Debtor 1 Elizabeth Esther DiVirgilio 4.5 \$0.00 Citibank / Sears Last 4 digits of account number 8612 Nonpriority Creditor's Name Citicorp Cr Srvs Opened 9/01/12 Last Active Po Box 790040 When was the debt incurred? 2/03/13 S Louis, MO 63129 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify Notice Only ☐ Yes 4.6 Citibank / Sears Last 4 digits of account number 9387 \$6,832.98 Nonpriority Creditor's Name Citicorp Credit Services Opened 09/12 Last Active Po Box 790040 When was the debt incurred? 10/08/16 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No Credit card purchases with Sears ☐ Yes Other. Specify Mastercard 4.7 Citibank Sears Last 4 digits of account number 4550 \$210.46 Nonpriority Creditor's Name **Citicorp Credit Srvs** Opened 09/12 Last Active Po Box 790040 When was the debt incurred? 10/08/16 Saint Louis, MO 63179 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 22 of 61

| Debt | Elizabeth Estner Divirgilio | | Case number (if know) | | | |
|----------|--|--|---|-------------|--|--|
| 4.8 | Comenity Bank | Last 4 digits of account number | 8680 | \$0.00 | | |
| | Nonpriority Creditor's Name Bankruptcy Department P.O Box 182125 | When was the debt incurred? | 2016 | | | |
| | Columbus, OH 43218 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | | | |
| | Yes | ■ Other. Specify Notice Only | <u>y</u> | | | |
| 4.9 | Comenity Bank/Lane Bryant | Last 4 digits of account number | 4087 | \$0.00 | | |
| | Nonpriority Creditor's Name Po Box 182125 Columbus, OH 43218 | When was the debt incurred? | Opened 10/02/00 Last Active 4/21/03 | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | | |
| | ■ No | Debts to pension or profit-sharing | | | | |
| | Yes | ■ Other. Specify Notice Only | <u>y</u> | | | |
| 4.1 0 | Dept of Ed/Nelnet | Last 4 digits of account number | 4023 | \$18,750.00 | | |
| | Nonpriority Creditor's Name Claims Po Box 82505 | When was the debt incurred? | Opened 05/16 Last Active 10/31/16 | | | |
| | Lincoln, NE 68501 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | | | |
| | Who incurred the debt? Check one. | _ | | | | |
| | ■ Debtor 1 only | Contingent | | | | |
| | Debtor 2 only | Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured claim: | | | | |
| | lacksquare At least one of the debtors and another | <u></u> ' | u Cianti: | | | |
| | ☐ Check if this claim is for a community debt | | aration agreement or divorce that you did not | | | |
| | Is the claim subject to offset? | report as priority claims Debts to pension or profit-sharir | og plane, and other similar debte | | | |
| | ■ No | | ny piana, and other anniar debts | | | |
| | Yes | Other. Specify | | | | |

Education

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 23 of 61

| Elizabeth Estner Divirgilio | | Case number (ii know) | |
|---|---|---|---|
| Dept of Ed/Nelnet | Last 4 digits of account number | 3923 | \$5,500.00 |
| Nonpriority Creditor's Name Claims Po Box 82505 | When was the debt incurred? | Opened 05/16 Last Active 10/31/16 | |
| Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim i | is: Check all that apply | |
| Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| Debtor 1 and Debtor 2 only | ☐ Disputed Type of NONPRIORITY unsecured | d claim: | |
| | <u></u> ' | | |
| ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| Is the claim subject to offset? | report as priority claims | a plane, and other similar debts | |
| | <u> </u> | | |
| ☐ Yes | | | |
| | | | |
| European Foot and Ankle Clinic | Last 4 digits of account number | 6142 | \$315.35 |
| 5501 W. Belmont Avenue | When was the debt incurred? | January 2016 | |
| Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| ☐ Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a sepa report as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| Yes | ■ Other. Specify Medical De | bt | |
| Kohl's Payment Center | Last 4 digits of account number | 2233 | \$0.00 |
| P.O Box 2983 | When was the debt incurred? | August 2016 | |
| Number Street City State Zlp Code | As of the date you file, the claim i | is: Check all that apply | |
| Who incurred the debt? Check one. | • | | |
| ■ Debtor 1 only | ☐ Contingent | | |
| ☐ Debtor 2 only | ☐ Unliquidated | | |
| ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| \square Check if this claim is for a community | ☐ Student loans | | |
| debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | ration agreement or divorce that you did not | |
| ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| ☐ Yes | Other. Specify Notice Only | <u> </u> | |
| | Dept of Ed/NeInet Nonpriority Creditor's Name Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes European Foot and Ankle Clinic Nonpriority Creditor's Name 5501 W. Belmont Avenue Chicago, IL 60641 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Kohl's Payment Center Nonpriority Creditor's Name P.O Box 2983 Milwaukee, WI 53201 Number Street City State Zlp Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | Dept of Ed/NeInet Nonpriority Creditor's Name Claims Po Box 82505 Lincoln, NE 68501 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ Number Street City State Zip Code Who incurred the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 creditor's Name S501 W. Bellmont Avenue Chicago, Il. 60641 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? □ No □ Yes Kohl's Payment Center Nonpriority Creditor's Name P.O Box 2983 Milwaukee, WI 53201 Number Street City State Zip Code Who incurred the debt? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 offset? □ Debtor 1 only □ Debtor 9 only □ Debtor 1 only □ Debtor 1 only □ Debtor 1 only □ Debtor 2 only □ Debtor 1 only □ Debtor 2 only □ Debtor 3 only □ Debtor 4 only □ Debtor 5 only □ Debtor 5 only □ Debtor 6 offset? □ Debtor 1 only □ Debtor 9 only □ Debtor 1 only □ Debtor | Dept of Ed/Neinet Nonpriority Creditor's Name Claims PO Box 82505 Lincoln, NE 68501 |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 24 of 61

Debtor 1 Elizabeth Esther DiVirgilio Case number (if know) 4.1 Kohls/Capital One 2233 \$213.24 Last 4 digits of account number 4 Nonpriority Creditor's Name Opened 08/13 Last Active Po Box 3120 When was the debt incurred? 10/16 Milwaukee, WI 53201 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify Credit card purchases PayPal Credit 8680 \$2,096.65 Last 4 digits of account number Nonpriority Creditor's Name PO Box 5018 When was the debt incurred? 2016 Timonium, MD 21094 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Credit card purchases Other. Specify 4.1 **Prosper Funding LLC** 3880 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name 221 Main Street, Suite 300 When was the debt incurred? 2/2016 San Francisco, CA 94105 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

☐ Yes

■ Other. Specify Notice Only

Page 25 of 61 Document Case number (if know) Debtor 1 Elizabeth Esther DiVirgilio 4.1 **Prosper Marketplace Inc** 3880 \$14,388.45 Last 4 digits of account number Nonpriority Creditor's Name Opened 02/16 Last Active Po Box 396081 When was the debt incurred? 09/16 San Francisco, CA 94139 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Other. Specify **Consumer Debt** 4.1 **Prosper Marketplace Inc** 4842 \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name Opened 04/15 Last Active Po Box 396081 When was the debt incurred? 12/15 San Francisco, CA 94139 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Notice Only** Other. Specify 4.1 **Prosper Marketplace Inc** 8407 \$5,607.65 Last 4 digits of account number Nonpriority Creditor's Name Opened 04/13 Last Active Po Box 396081 When was the debt incurred? 7/19/16 San Francisco, CA 94139 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims

Official Form 106 E/F

■ No

☐ Yes

■ Other. Specify Consumer Debt

Debts to pension or profit-sharing plans, and other similar debts

Document Page 26 of 61 Debtor 1 Elizabeth Esther DiVirgilio Case number (if know) 4.2 **Sears Credit Cards** 4550 \$0.00 Last 4 digits of account number 0 Nonpriority Creditor's Name PO Box 6286 When was the debt incurred? November 2016 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated ☐ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts **Notice Only** Other. Specify Sears Card ☐ Yes 4.2 **Sears Credit Cards** 9387 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name PO Box 6286 When was the debt incurred? 2016 Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not debt report as priority claims Is the claim subject to offset? ■ No Debts to pension or profit-sharing plans, and other similar debts **Notice Only** ☐ Yes Other. Specify **Sears Mastercard** 4.2 Synchrony Bank \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Attn: Bankruptcy Department When was the debt incurred? PO Box 965061 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

☐ Yes

■ No

debt

■ Other. Specify notice only

☐ Obligations arising out of a separation agreement or divorce that you did not

Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Page 27 of 61 Case number (if know) Document Debtor 1 Elizabeth Esther DiVirgilio 4.2 Synchrony Bank/ JC Penneys 8201 \$0.00 Last 4 digits of account number 3 Nonpriority Creditor's Name Opened 12/18/08 Last Active Po Box 965064 When was the debt incurred? 12/12/11 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Notice Only** Other. Specify 4.2 Synchrony Bank/ JC Penneys 9107 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 12/18/08 Last Active Po Box 965064 When was the debt incurred? 10/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes Notice Only Other. Specify 4.2 Synchrony Bank/Car Care One 3003 \$2,020.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 10/14 Last Active Po Box 965064 When was the debt incurred? 11/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed

☐ Yes

■ No

debt

Type of NONPRIORITY unsecured claim:

■ Other. Specify Credit card purchases

 \square Obligations arising out of a separation agreement or divorce that you did not

 \square Debts to pension or profit-sharing plans, and other similar debts

☐ Student loans

report as priority claims

At least one of the debtors and another

Is the claim subject to offset?

☐ Check if this claim is for a community

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21

Desc Main Document Page 28 of 61 Debtor 1 Elizabeth Esther DiVirgilio Case number (if know) 4.2 Synchrony Bank/Care Credit 5023 \$0.00 Last 4 digits of account number 6 Nonpriority Creditor's Name Opened 1/07/09 Last Active Po Box 965064 When was the debt incurred? 09/16 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes **Notice Only** Other. Specify 4.2 Synchrony Bank/Care Credit 5059 \$0.00 Last 4 digits of account number Nonpriority Creditor's Name Opened 1/07/09 Last Active Po Box 965064 When was the debt incurred? 12/12/11 Orlando, FL 32896 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify Notice Only 42 Velocity Investments, LLC \$0.00 Last 4 digits of account number 8 Nonpriority Creditor's Name 1800 Route 34 N. Ste. 404A When was the debt incurred? Belmar, NJ 07719-9147 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community

■ No ☐ Yes

report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts Collection for Proper Funding 603880 and 58407

☐ Obligations arising out of a separation agreement or divorce that you did not

■ Other. Specify Notice only

debt

Is the claim subject to offset?

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 29 of 61

| Debioi | ' Ell | zabetn | Estner Divirgilio | | Case n | umber (# | know) | | |
|--------------------------------------|--|--|---|--|----------------|--------------------------|---|------------------------------|--|
| 4.2 9 | | | al Loans | Last 4 digits of account number | 8324 | | _ | | \$0.00 |
| | РоВ | ox 777 | ditor's Name /T 05404 | When was the debt incurred? | Open 8/03/1 | | 7/16 Last Act | ive | |
| | Numb | er Street (| City State Zlp Code | As of the date you file, the claim | is: Check | all that ap | oply | | |
| | _ | | the debt? Check one. | ☐ Contingent | | | | | |
| | | btor 1 onl | • | ☐ Unliquidated | | | | | |
| | | btor 2 onl | y d Debtor 2 only | ☐ Disputed | | | | | |
| | | | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | _ | | s claim is for a community | Student loans | | | | | |
| | debt | | bject to offset? | Obligations arising out of a separeport as priority claims | aration agi | reement o | r divorce that you | did not | |
| | ■ No | | • | Debts to pension or profit-sharir | ng plans, a | and other | similar debts | | |
| | ☐ Ye | | | Other. Specify | 01 / | | | | |
| | _ 10 | 3 | | Education | | | | | |
| 4.2 | | | | | | | | | |
| 4.3 0 | | | al Loans | Last 4 digits of account number | 8424 | | _ | | \$0.00 |
| | РоВ | ox 777 | ditor's Name /T 05404 | When was the debt incurred? | Open 8/03/1 | | 7/16 Last Act | ive | |
| | Numb | er Street (| City State Zlp Code the debt? Check one. | As of the date you file, the claim | is: Check | all that ap | pply | | |
| | ■ De | btor 1 onl | y | ☐ Contingent | | | | | |
| | □ De | btor 2 onl | у | ☐ Unliquidated | | | | | |
| | ☐ De | btor 1 and | d Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At | least one | of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | | | |
| | □сн | eck if thi | s claim is for a community | Student loans | | | | | |
| | debt Is the | claim sul | bject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration ag | reement o | r divorce that you | did not | |
| | ■ No | | | Debts to pension or profit-sharing | ng plans, a | and other | similar debts | | |
| | ☐ Ye | S | | Other. Specify | | | | | |
| | | | | Education | | | | | |
| Part 3: | Lis | t Others | s to Be Notified About a Debt | That You Already Listed | | | | | |
| is tryi have notifi Part 4: | ing to comore the defendant of the defen | ollect fro nan one c nny debts d the Ar | m you for a debt you owe to some reditor for any of the debts that y in Parts 1 or 2, do not fill out or s mounts for Each Type of Unse certain types of unsecured claims | . 5 | Parts 1 o | or 2, then editors he | list the collection ere. If you do not l | n agency her have additio | re. Similarly, if you nal persons to be |
| | | 6a. | Domestic support obligations | | 6a. | \$ | Total Claim | 0.00 | |
| | Total laims | ou. | Domocio capport obligationo | | ou. | Ψ | | 0.00 | |
| from F | Part 1 | 6b. | Taxes and certain other debts y | - | 6b. | \$ | | 0.00 | |
| | | 6c. 6d. | Claims for death or personal inj Other. Add all other priority unsec | ured claims. Write that amount here. | 6c. 6d. | \$ \$ | | 0.00 | |
| | | 54. | | | | | | 0.00 | 7 |
| | | 6e. | Total Priority. Add lines 6a through | gh 6d. | 6e. | \$ | | 0.00 | |
| | Total laims | 6f. | Student loans | | 6f. | \$ | Total Claim 24,2 | 250.00 | |

6g. Obligations arising out of a separation agreement or divorce that

0.00

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Page 30 of 61 Case number (if know) Document

Debtor 1 Elizabeth Esther DiVirgilio

| 6h. | you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ 0.00 |
|-----|--|-----|-----------------|
| 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ 34,492.51 |
| 6j. | Total Nonpriority. Add lines 6f through 6i. | 6j. | \$ 58,742.51 |

| | | 17(7(4))))) | 111 1 2000 - 31 (71 (71 | |
|---------------------|--------------------------|-------------------|-------------------------|-------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Elizabeth Esther | DiVirgilio | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this amended filir |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|--|--|
| 2.1 North Keystone LLC PO Box 480151 Niles, IL 60714 | Yearly apartment rental lease of \$840.00 a month from 6/01/2016 thru 6/01/2017. |

| | | Docume | nt Page 32 d | of 61 |
|-------------------------|---|--|---|--|
| Fill in this | s information to identify your | case: | | |
| Debtor 1 | Elizabeth Esther | DiVirgilio | | |
| Debior 1 | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, fi | ing) First Name | Middle Name | Last Name | |
| United St | ates Bankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case nun | hor | | | |
| (if known) | | | | ☐ Check if this is an |
| | | | | amended filing |
| Codebtors beople are | e filing together, both are equand number the entries in the | are also liable for any deb ually responsible for supp boxes on the left. Attach | lying correct informat the Additional Page t | 12/15 as complete and accurate as possible. If two married tion. If more space is needed, copy the Additional Page to this page. On the top of any Additional Pages, write |
| | e and case number (if known you have any codebtors? (if | | | e as a codebtor. |
| | you have any coupling. (iii | you are ming a joint oace, c | io not not citrici opodoc | o do di doddobior. |
| ■ No | | | | |
| Arizo | thin the last 8 years, have yo na, California, Idaho, Louisiana . Go to line 3. s. Did your spouse, former spo | a, Nevada, New Mexico, Pue | erto Rico, Texas, Wash | ry? (Community property states and territories include inigton, and Wisconsin.) |
| in lin Form | e 2 again as a codebtor only 106D), Schedule E/F (Officia column 2. Column 1: Your codebtor | if that person is a guarant Il Form 106E/F), or Schedu | or or cosigner. Make | r if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Officia 06G). Use Schedule D, Schedule E/F, or Schedule G to f |
| | Name, Number, Street, City, State and 2 | ZIP Code | | Check all schedules that apply: |
| 3.1 | | | | ☐ Schedule D. line |
| 3.1 | Name | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule C/I, line |
| | | | | |
| | Number Street City | State | ZIP Code | |
| | | | | |
| 3.2 | Name | | | Schedule D, line |
| | : | | | ☐ Schedule E/F, line |
| | | | | ☐ Schedule G, line |
| | Number Street | State | ZIP Code | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 33 of 61

| Eill | in this information to identify your ca | 200: | | | | l | | | | |
|-------------|--|----------------------------|--------------------------------------|-----------|--------|--------------|------------|---------------|----------|----------------------|
| | ,, | ether DiVirgilio | | | | | | | | |
| | otor 2 ouse, if filing) | | | | _ | | | | | |
| Uni | ted States Bankruptcy Court for the | : NORTHERN DISTRIC | CT OF ILLINOIS | | | | | | | |
| (If kr | se number | | - | | | □ An | | ū | | tion chapter ate: |
| | fficial Form 106l | | | | | MN | // DD/ Y | YYY | | |
| S | chedule I: Your Inc | ome | | | | | | | | 12/1 |
| spo atta | plying correct information. If you use. If you are separated and you ch a separate sheet to this form. 1: Describe Employment | r spouse is not filing wi | ith you, do not includ | e infori | matic | on about y | our spo | use. If more | e space | is needed, |
| 1. | Fill in your employment information. | | Debtor 1 | | | ı | Debtor 2 | or non-filir | ng spou | se |
| | If you have more than one job, | Employment status | ■ Employed | | | İ | ☐ Emplo | yed | | |
| | attach a separate page with information about additional | zmpioymoni otatao | ☐ Not employed | | | l | ☐ Not er | mployed | | |
| | employers. | Occupation | Charge Capture | Specia | alist | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Rush Oak Park H | lospita | al | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 520 S. Maple Ave Oak Park, IL 603 | | | | | | | |
| | | How long employed the | here? 5 month | s | | | | | | |
| Par | t 2: Give Details About Mor | nthly Income | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If | you have nothing to re | port for | any li | ine, write S | \$0 in the | space. Inclu | ıde your | non-filing |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the information | for all e | emplo | oyers for th | nat perso | n on the line | s below. | . If you need |
| | | | | | | For Debt | or 1 | For Debt | | е |
| 2. | List monthly gross wages, saladeductions). If not paid monthly, of | | | 2. | \$ | 2,2 | 202.66 | \$ | N/ | /A |
| 3. | Estimate and list monthly overti | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N | <u>/A</u> |

2,202.66

N/A

Calculate gross Income. Add line 2 + line 3.

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 34 of 61

| Deb | tor 1 | Elizabeth Esther DiVirgilio | _ | (| Case | number (if known |) _ | | | | |
|-----|-----------------------------|---|----------|-----------|-------------|------------------|----------|--------|------------------|---------------------|-----------------|
| | | | | | | Debtor 1 | | non-fi | ebtor iling s | pouse | |
| | Cop | by line 4 here | 4. | | \$_ | 2,202.66 | <u> </u> | \$ | | N/A | - |
| 5. | List | all payroll deductions: | | | | | | | | | |
| | 5a. | Tax, Medicare, and Social Security deductions | 58 | a. | \$ | 514.71 | l | \$ | | N/A | |
| | 5b. | Mandatory contributions for retirement plans | 5b | ٥. | \$_ | 0.00 |) | \$ | | N/A | · - |
| | 5c. | Voluntary contributions for retirement plans | 50 | | \$_ | 0.00 |)_ | \$ | | N/A | |
| | 5d. | Required repayments of retirement fund loans | 50 | | \$_ | 0.00 | _ | \$ | | N/A | - |
| | 5e. | Insurance | 56 | | \$_ \$ | 0.00 | _ | \$ | | N/A | - |
| | 5f. 5g. | Domestic support obligations Union dues | 5f 5g | | \$ - | 0.00 | _ | \$ | | N/A N/A | |
| | 5h. | Other deductions. Specify: Pet Insurance | | y. า.+ | \$ - | 34.36 | _ | · | | N/A | - |
| 6. | | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | 6. | | * \$ | 549.07 | _ | \$ | | N/A | - |
| 7. | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | | * — \$ | 1,653.59 | _ | \$ | | N/A | - |
| | | | ٠. | | Ψ — | 1,000.08 | _ | Ψ | | IN/A | - |
| 8. | List 8a. | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | | | | | | | | |
| | | monthly net income. | 88 | a. | \$ | 0.00 |) | \$ | | N/A | |
| | 8b. | Interest and dividends | 8k | ٥. | \$_ | 0.00 |) | \$ | | N/A | |
| | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement. | 80 | C. | \$ | 0.00 |) | \$ | | N/A | |
| | 8d. | Unemployment compensation | 80 | | <u>*</u> - | 0.00 | _ | \$ | | N/A | |
| | 8e. | Social Security | 86 | Э. | \$ | 0.00 | _ | \$ | | N/A | - |
| | 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | e 8f | : | \$ | 0.00 |) | \$ | | N/A | _ |
| | 8g. | Pension or retirement income | 86 | - | \$ | 0.00 | | \$ | | N/A | |
| | 8h. | Other monthly income. Specify: Assured Medical Exams | 8ł | า.+ | \$_ | 424.00 |) + | \$ | | N/A | <u>-</u> |
| 9. | Add | d all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | | <u> </u> | 424.00 |) | \$ | | N/A | \ |
| 10 | Cal | culate monthly income. Add line 7 + line 9. | 10. | \$ | | 2,077.59 + | \$ | | N/A | = \$ | 2,077.59 |
| 10. | | I the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. | Ψ_ | | 2,077.39 | Ψ— | | IN/A | - ^{\Pi} - | 2,011.39 |
| 11. | Star Incli othe Do | te all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your er friends or relatives. not include any amounts already included in lines 2-10 or amounts that are not cify: | dep | | • | • | | | hedule 11. | | 0.00 |
| 12. | | If the amount in the last column of line 10 to the amount in line 11. The reside that amount on the Summary of Schedules and Statistical Summary of Certaillies | | | | | | | 12. | \$ | 2,077.59 |
| 13. | Do : | you expect an increase or decrease within the year after you file this form No. | ? | | | | | | | Combir monthly | ned y income |
| | | Van Eurlaine | | | | | | | | | |

Official Form 106I Schedule I: Your Income page 2

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 35 of 61

| Eill : | n this informe | tion to identify yo | our easo: | | | I | | |
|-------------|---|--|------------------------|---|---|-----------------|----------------------------------|-------------------------------|
| | | | | | | Oher | ok if this is | |
| Debt | or 1 | Elizabeth Es | ther DiVi | rgilio | | | ck if this is: An amended filing | |
| Debt | | | | | | _ | A supplement show | wing postpetition chapter |
| (Spo | use, if filing) | | | | | | 13 expenses as of | the following date: |
| Unite | ed States Bankr | ruptcy Court for the | NORTH | IERN DISTRICT OF ILLIN | OIS | - | MM / DD / YYYY | |
| | e number nown) | | | | | | | |
| Of | ficial Fo | rm 106J | | | | | | |
| Sc | hedule | J: Your | Exper | ises | | | | 12/15 |
| Be a | as complete rmation. If m | and accurate as | possible eded, atta | . If two married people ar ch another sheet to this | | | | |
| Part | | ibe Your House | hold | | | | | |
| 1. | Is this a joir | | | | | | | |
| | ■ No. Go to | o line 2. es Debtor 2 live i | n a senar | ate household? | | | | |
| | □ res. Doe | | п а зераг | ate nousenoid: | | | | |
| | | | st file Offici | al Form 106J-2, <i>Expenses</i> | for Separate House | ehold of Deb | tor 2. | |
| 2. | Do you have | e dependents? | ■ No | | | | | |
| | Do not list D Debtor 2. | ebtor 1 and | ☐ Yes. | Fill out this information for each dependent | Dependent's relati Debtor 1 or Debto | | Dependent's age | Does dependent live with you? |
| | Do not state | the | | | | | | □ No |
| | dependents | names. | | | | | | ☐ Yes |
| | | | | | | | | □ No □ Yes |
| | | | | | | | | □ No |
| | | | | | | | | ☐ Yes |
| | | | | | | | | □ No |
| | _ | | | | | | | ☐ Yes |
| 3. | | penses include f people other t | han | No | | | | |
| | • | d your depende | | Yes | | | | |
| Part | 2: Estim | ate Your Ongoi | na Month | v Expenses | | | | |
| Esti exp | mate your ex | cpenses as of you | our bankr | uptcy filing date unless y y is filed. If this is a supp | | | | |
| the | ude expense value of sucl icial Form 10 | h assistance an | non-cash d have ind | government assistance it cluded it on <i>Schedule I:</i> Y | you know our Income | | Your exp | enses |
| (0 | | , | | | | | | |
| 4. | | or home owners and any rent for the | | ses for your residence. In or lot. | nclude first mortgage | e 4. \$ | · | 840.00 |
| | If not include | led in line 4: | | | | | | |
| | 4a. Real e | estate taxes | | | | 4a. \$ | ; | 0.00 |
| | | rty, homeowner's | | | | 4b. \$ | | 0.00 |
| | | | | ipkeep expenses | | 4c. \$ | | 0.00 |
| 5 | | owner's associat | | dominium dues our residence , such as ho | me equity loans | 4d. \$ 5. \$ | | 0.00 |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 36 of 61

| Debtor 1 | Elizabeth Esthe | r DiVirgilio | | Case num | ber (if known) | - |
|-------------------|---------------------------|--|-------------------------------------|-------------|----------------|-------------------------------|
| S. Utili t | ies: | | | | | |
| 6a. | Electricity, heat, na | itural gas | | 6a. | \$ | 75.00 |
| 6b. | Water, sewer, garb | page collection | | 6b. | \$ | 0.00 |
| 6c. | - | one, Internet, satellite, and cab | ole services | 6c. | | 180.00 |
| 6d. | Other. Specify: | ,,, | | 6d. | | 0.00 |
| | and housekeeping | a supplies | | — 7. | | 400.00 |
| | care and children | | | 8. | \$ | 0.00 |
| | ning, laundry, and o | | | 9. | | 100.00 |
| | • | , | | | • | |
| | onal care products | | | 10. | · | 100.00 |
| | cal and dental expe | | | 11. | \$ | 100.00 |
| | | gas, maintenance, bus or train | fare. | 12. | \$ | 375.00 |
| | ot include car payme | | naines and beaks | 13. | · | |
| | | ecreation, newspapers, maga | azines, and books | | · | 40.00 |
| | | s and religious donations | | 14. | \$ | 50.00 |
| 5. Insu | | de deste d'économission de la constant | hadada Basa Asa OO | | | |
| | | deducted from your pay or inc | luded in lines 4 or 20. | 150 | œ. | 0.00 |
| | Life insurance | | | 15a. | | 0.00 |
| | Health insurance | | | 15b. | | 0.00 |
| | Vehicle insurance | | | 15c. | · | 68.00 |
| | Other insurance. S | · · · | | 15d. | \$ | 0.00 |
| | | kes deducted from your pay or | included in lines 4 or 20. | | | |
| Spec | ify: Anticipated 2 | 2016 Tax Repayment | | 16. | \$ | 125.00 |
| 7. Insta | Ilment or lease pay | ments: | | | - | |
| 17a. | Car payments for \ | /ehicle 1 | | 17a. | \$ | 0.00 |
| 17b. | Car payments for \ | /ehicle 2 | | 17b. | \$ | 0.00 |
| 17c. | Other. Specify: F | Repayment for pension lo | an TIA CREFF | 17c. | \$ | 183.31 |
| | Other. Specify: | | | 17d. | \$ | 0.00 |
| | | nv. maintenance, and suppo | ort that you did not report as | | · | |
| | | on line 5, Schedule I, Your | | 18. | \$ | 0.00 |
| | | ake to support others who do | | | \$ | 0.00 |
| Spec | ify: | | - | 19. | | |
| . Othe | r real property exp | enses not included in lines 4 | or 5 of this form or on Sche | dule I: Yo | our Income. | |
| | Mortgages on othe | | | 20a. | | 0.00 |
| | Real estate taxes | | | 20b. | \$ | 0.00 |
| | | ner's, or renter's insurance | | 20c. | · | 0.00 |
| | • • | ir, and upkeep expenses | | 20d. | | 0.00 |
| | | ociation or condominium dues | | 20a. | | |
| | | | | | · | 0.00 |
| . Othe | r: Specify: Pet C | are | | 21. | +\$ | 40.00 |
| 2. Calc | ulate your monthly | expenses | | | | |
| | Add lines 4 through | • | | | \$ | 2,676.31 |
| | | ly expenses for Debtor 2), if ar | ov from Official Form 106.I-2 | | \$ | 2,010.01 |
| | | | | | · | 0.070.04 |
| 22C. | Aud line ZZa and ZZ | b. The result is your monthly e | expenses. | | \$ | 2,676.31 |
| B. Calc | ulate your monthly | net income. | | | | |
| | | combined monthly income) fro | m Schedule I. | 23a. | \$ | 2,077.59 |
| | | expenses from line 22c above | | 23b. | · | 2,676.31 |
| 200. | Jopy your monthly | 5policoo ilolli ililo 220 above | ··· | 200. | | 2,010.31 |
| 230 | Subtract your mont | thly expenses from your month | alv income | | | |
| 200. | | monthly net income. | ny modific. | 23c. | \$ | -598.72 |
| | The result is your I | Totally Hot moonlo. | | | | |
| 4. Do v | ou expect an increa | ase or decrease in your expe | enses within the year after yo | u file this | form? | |
| For e | kample, do you expect | to finish paying for your car loan wi | thin the year or do you expect your | | | ease or decrease because of a |
| modif | ication to the terms of y | our mortgage? | | | | |
| ■ N | 0. | | | | | |
| □ Y | | here: | | | | |
| ' | J. Explain | | | | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 37 of 61

| Fill in this infor | mation to identify your | case: | | | |
|---------------------|--|-------------------------|-------------------------------|-----------------------------|--|
| Debtor 1 | Elizabeth Esther | | LastNassa | | |
| Debtor 2 | First Name | Middle Name | Last Name | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | Check if this is an amended filing |
| Official Forr | | | | | |
| Declarat | tion About a | in Individua | I Debtor's Sc | hedules | 12/15 |
| | l8 U.S.C. §§ 152, 1341, 1 n Below | 519, and 5571. | | | |
| Did you pa | ay or agree to pay some | one who is NOT an atto | orney to help you fill out ba | ankruptcy forms? | |
| ■ No | | | | | |
| ☐ Yes. I | Name of person | | | | tition Preparer's Notice, ature (Official Form 119) |
| | alty of perjury, I declare re true and correct. | that I have read the su | mmary and schedules filed | l with this declaration and | |
| X /s/ Fliz | zabeth Esther DiVirgi | lio | X | | |
| Elizab | eth Esther DiVirgilio ire of Debtor 1 | | Signature of I | Debtor 2 | |
| Date | February 17, 2017 | | Date | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 38 of 61

| Fill in this infor | mation to identify you | r case: | | | |
|---------------------------------|---|--|---|--|---|
| Debtor 1 | Elizabeth Esthe | | | | |
| 200101 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT O | F ILLINOIS | | |
| | a aproj Coao. ao. | | | | |
| Case number (if known) | | | | | Check if this is an |
| | | | | | amended filing |
| | | | | | |
| Official Fo | | | | | |
| Statemen | t of Financial | Affairs for Individ | uals Filing for B | ankruptcy | 4/1 |
| | | ible. If two married people ar , attach a separate sheet to t | | | |
| | vn). Answer every que | | | ,, | |
| Part 1: Give | Details About Your Ma | arital Status and Where You | Lived Before | | |
| 1. What is you | ur current marital statu | us? | | | |
| ☐ Marrie | d | | | | |
| ■ Not ma | | | | | |
| 2. During the | last 3 years have you | lived anywhere other than w | where you live now? | | |
| _ | last o years, have you | invod dirywnere other than w | viicie you live now. | | |
| □ No ■ Vos Li | ict all of the places you | lived in the last 3 years. Do no | t include where you live now | , | |
| | , , | , | • | | |
| Debtor 1 P | Prior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ac | ldress: | Dates Debtor 2 lived there |
| 3139 N. F Chicago, | rancisco Avenue IL 60618 | From-To: October 2010 thru June 2014 | ☐ Same as Debtor | 1 | ☐ Same as Debtor 1 From-To: |
| states and territo | <i>rie</i> s include Arizona, Ca | ver live with a spouse or legalifornia, Idaho, Louisiana, Nev | ada, New Mexico, Puerto R | | |
| | · | ` | , | | |
| Part 2 Expla | ain the Sources of You | ir income | | | |
| Fill in the to | tal amount of income yo | mployment or from operating ou received from all jobs and all have income that you receive | ll businesses, including part | -time activities. | ndar years? |
| □ No | | | | | |
| Yes. F | ill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| | 1 of current year until ed for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$4,892.15 | ☐ Wages, commissions, bonuses, tips | |
| | | Operating a business | | ☐ Operating a business | |
| Official Form 107 | | Statement of Financial Affa | irs for Individuals Filing for B | ankruptcy | page |

Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Case 17-04674 Doc 1 Page 39 of 61
Case number (if known) Document

Debtor 1 Elizabeth Esther DiVirgilio

| | | Debtor 1 | | Debtor 2 | |
|-------------------------------|---|--|---|--|---|
| | | Sources of income Check all that apply. | Gross income (before deductions and exclusions) | Sources of income Check all that apply. | Gross income (before deductions and exclusions) |
| For last cale (January 1 t | endar year: to December 31, 201 | Wages, commissions, bonuses, tips | \$24,333.01 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$2,620.00 | ☐ Wages, commissions, bonuses, tips | |
| | | Operating a business | | ☐ Operating a business | |
| | endar year before that to December 31, 201 | | \$37,034.00 | ☐ Wages, commissions, bonuses, tips | |
| | | ☐ Operating a business | | ☐ Operating a business | |
| | | ☐ Wages, commissions, bonuses, tips | \$9,222.00 | ☐ Wages, commissions, bonuses, tips | |
| | | Operating a business | | ☐ Operating a business | |
| ■ No | s. Fill in the details. | | | | |
| | | Debtor 1 | | Debtor 2 | |
| | | Sources of income Describe below. | Gross income from each source (before deductions and exclusions) | Sources of income Describe below. | Gross income (before deductions and exclusions) |
| Part 3: Li | ist Certain Pavments | s You Made Before You Filed for | Bankruptcv | | |
| | ner Debtor 1's or Deb Neither Debtor 1 individual primarily | otor 2's debts primarily consume nor Debtor 2 has primarily consume of for a personal, family, or househo s before you filed for bankruptcy, di | r debts? umer debts. Consumer debt ld purpose." | Ţ. | 01(8) as "incurred by an |
| | | line 7. | | | |
| | paid t not in | elow each creditor to whom you pai hat creditor. Do not include paymer clude payments to an attorney for t stment on 4/01/19 and every 3 year | nts for domestic support oblights bankruptcy case. | gations, such as child support | and alimony. Also, do |
| ■ Ye | s. Debtor 1 or Debt | or 2 or both have primarily consu | | or after the date of adjustmen | п. |
| | During the OD day | e hefore you filed for hankruntay di | | Lof \$600 or more? | |
| | _ | s before you filed for bankruptcy, di | | I of \$600 or more? | |
| | ■ No. Go to | s before you filed for bankruptcy, di line 7. elow each creditor to whom you pai | id you pay any creditor a tota | | |

attorney for this bankruptcy case.

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main

Page 40 of 61
Case number (if known) Document Debtor 1 Elizabeth Esther DiVirgilio

| | Creditor's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Was this page | yment for |
|-----|--|--|--|---|----------------------------------|--|
| 7. | Within 1 year before you filed for bankrupter Insiders include your relatives; any general part of which you are an officer, director, person in a business you operate as a sole proprietor. 1 alimony. | artners; relatives of any ger control, or owner of 20% of | neral partners; partners partners or more of their votin | erships of which yo g securities; and ar | u are a genera ny managing aq | I partner; corporations gent, including one for |
| | No | | | | | |
| | Yes. List all payments to an insider. | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for t | this payment |
| 8. | Within 1 year before you filed for bankruptoinsider? Include payments on debts guaranteed or cos No | | ments or transfer | any property on a | ccount of a de | bt that benefited an |
| | ☐ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | Reason for to | this payment tor's name |
| Par | t 4: Identify Legal Actions, Repossession | ns, and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrupte List all such matters, including personal injury modifications, and contract disputes. No Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | 1 | Status of the | e case |
| 10. | Within 1 year before you filed for bankrupte Check all that apply and fill in the details below | | erty repossessed, | foreclosed, garnis | hed, attached | , seized, or levied? |
| | No. Go to line 11.Yes. Fill in the information below. | | | | | |
| | Creditor Name and Address | Describe the Property | | Date | | Value of the |
| | | | | | | property |
| | | Explain what happened | 0 | | | |
| 11. | Within 90 days before you filed for bankrup accounts or refuse to make a payment bec ■ No □ Yes. Fill in the details. | | luding a bank or fi | nancial institution | , set off any a | mounts from your |
| | Creditor Name and Address | Describe the action the | a craditar taak | Data | action was | Amount |
| | Creditor Name and Address | Describe the action the | e creditor took | taken | | Amount |
| 12. | Within 1 year before you filed for bankrupt court-appointed receiver, a custodian, or a | | erty in the possess | sion of an assigne | e for the bene | fit of creditors, a |
| | ■ No | | | | | |
| | ☐ Yes | | | | | |
| | | | | | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main

Page 41 of 61
Case number (if known) Document Debtor 1 Elizabeth Esther DiVirgilio

| Par | 15: List Certain Gifts and Contribution | าร | | | | | |
|------|---|-----------|--|--------------------------|--------------------------|--|--|
| 3. | Within 2 years before you filed for bank | ruptcy, c | did you give any gifts with a total value of more t | han \$600 per person | ? | | |
| | ■ No | | | | | | |
| | Yes. Fill in the details for each gift. | | | | | | |
| | Gifts with a total value of more than \$60 per person | 00 | Describe the gifts | Dates you gave the gifts | Value | | |
| | Person to Whom You Gave the Gift and Address: | ı | | | | | |
| 4. | Within 2 years before you filed for bankı □ No | ruptcy, d | did you give any gifts or contributions with a tota | al value of more than | \$600 to any charity? | | |
| | Yes. Fill in the details for each gift or o | contribut | ion. | | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Cod | | Describe what you contributed | Dates you contributed | Value | | |
| | Go Fund Me 855 Jefferson Ave. Redwood City, CA 94063 | | Charitable funds. | throughout the year | \$255.00 | | |
| | Donors Choose 134 W. 37th St. 11th Floor | | Charitable Funds. | throughout the year | \$225.00 | | |
| | New York, NY 10018 | | | | | | |
| | <u> </u> | | | | | | |
| Pari | 6: List Certain Losses | | | | | | |
| all | List Certain Losses | | | | | | |
| | Within 1 year before you filed for bankru or gambling? | iptcy or | since you filed for bankruptcy, did you lose any | thing because of thef | t, fire, other disaster, | | |
| | or gambling? | | | | | | |
| | No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | how the less accurred | | be any insurance coverage for the loss | Date of your loss | Value of property lost | | |
| | | | the amount that insurance has paid. List pending noe claims on line 33 of Schedule A/B: Property. | | 1201 | | |
| Pari | 7: List Certain Payments or Transfer | s | | | | | |
| | | | | _ | - | | |
| | consulted about seeking bankruptcy or | preparii | d you or anyone else acting on your behalf pay on a bankruptcy petition? s, or credit counseling agencies for services require | | rty to anyone you | | |
| | □ No | | | | | | |
| | Yes. Fill in the details. | | | | | | |
| | Person Who Was Paid | | Description and value of any property | Date payment | Amount of | | |
| | Address Email or website address Person Who Made the Payment, if Not | You | transferred | or transfer was made | payment | | |
| | Spalding Law Center LLC 2218 W. Chicago Avenue Chicago, IL 60622 Angela@spaldinglawcenter.com | | Attorney Fees | 7/15/2016 thru 1/2016 | \$1,550.00 | | |
| | Spalding Law Center LLC 2218 West Chicago Avenue Chicago, IL 60622 www.SpaldingLawCenter.com | | \$40.00 for CIN Legal due diligence products: credit report | 9.22.2016 | \$40.00 | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 42 of 61 Case number (if known)

| 17. | Within 1 year before you filed for bankruptopromised to help you deal with your creditor Do not include any payment or transfer that you | ors or to make payme | | | or transfer any prop | erty to anyone who |
|-----|---|--|---|-----------------|---|---|
| | Yes. Fill in the details. Person Who Was Paid Address | Description and transferred | d value of any prope | erty | Date payment or transfer was made | Amount of payment |
| 18. | Within 2 years before you filed for bankrup transferred in the ordinary course of your keep Include both outright transfers and transfers minclude gifts and transfers that you have alread No Yes. Fill in the details. | ousiness or financial a nade as security (such a | affairs? as the granting of a se | | perty to anyone, oth | |
| | Person Who Received Transfer Address Person's relationship to you | Description and property transf | | | any property or received or debts change | Date transfer was made |
| 19. | Within 10 years before you filed for bankru beneficiary? (These are often called asset-pr ■ No □ Yes. Fill in the details. | | any property to a se | elf-settled tru | ust or similar device | e of which you are a |
| | Name of trust | Description and | d value of the prope | erty transferr | ed | Date Transfer was made |
| 20. | Within 1 year before you filed for bankrupte sold, moved, or transferred? Include checking, savings, money market, houses, pension funds, cooperatives, asso ☐ No ☐ Yes. Fill in the details. | or other financial according to the fire control of the fire contr | ounts; certificates o nancial institutions. | f deposit; sh | nares in banks, cred | it unions, brokerage |
| | Name of Financial Institution and Address (Number, Street, City, State and ZIP Code) | Last 4 digits of account number | Type of accoun instrument | clo | te account was osed, sold, oved, or nsferred | Last balance before closing or transfer |
| | Chase Bank | XXXX-3158 | ☐ Checking ■ Savings ☐ Money Market ☐ Brokerage ☐ Other | Ju | ly 10, 2016 | \$0.00 |
| | Chase Bank | XXXX-1013 | ■ Checking □ Savings □ Money Marke □ Brokerage □ Other | | ly 10, 2016 | \$200.00 |
| 21. | cash, or other valuables? | year before you filed | for bankruptcy, any | safe deposi | t box or other depo | sitory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had a Address (Numbe State and ZIP Code) | r, Street, City, | escribe the | contents | Do you still have it? |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 43 of 61 Case number (if known)

| 22. | Have you stored property in a storage unit or pl | year before you filed for bankruptcy? | | | | | |
|-----|--|--|--|-----------------------|--|--|--|
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or had access to it? Address (Number, Street, City, State and ZIP Code) | Describe the contents | Do you still have it? | | | |
| Par | 19: Identify Property You Hold or Control for | Someone Else | | | | | |
| 23. | Do you hold or control any property that someo for someone. | ne else owns? Include any proper | ty you borrowed from, are storing for, | or hold in trust | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the property? (Number, Street, City, State and ZIP Code) | Describe the property | Valu | | | |
| Par | 10: Give Details About Environmental Information | ation | | | | | |
| For | he purpose of Part 10, the following definitions | apply: | | | | | |
| | | | | | | | |
| | to own, operate, or utilize it, including disposal Hazardous material means anything an environ | mental law defines as a hazardous | waste, hazardous substance, toxic s | ubstance, | | | |
| Ran | hazardous material, pollutant, contaminant, or sort all notices, releases, and proceedings that yo | | they occurred | | | | |
| · | Has any governmental unit notified you that you | · - | • | ntal law? | | | |
| | ■ No ■ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 25. | Have you notified any governmental unit of any | release of hazardous material? | | | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Name of site Address (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | Environmental law, if you know it | Date of notice | | | |
| 26. | Have you been a party in any judicial or adminis | strative proceeding under any envi | ronmental law? Include settlements a | nd orders. | | | |
| | ■ No □ Yes. Fill in the details. | | | | | | |
| | Case Title Case Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Nature of the case | Status of the case | | | |
| Par | 11: Give Details About Your Business or Con | nections to Any Business | | | | | |
| 27. | Within 4 years before you filed for bankruptcy, o ☐ A sole proprietor or self-employed in a t | • | | business? | | | |
| | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP) | | | | | | |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Page 44 of 61
Case number (if known) Document Debtor 1 Elizabeth Esther DiVirgilio

| | <u>_</u> | | |
|---------------------|---|--|---|
| | ☐ A partner in a partnership | | |
| | ☐ An officer, director, or managing ex | ecutive of a corporation | |
| | ☐ An owner of at least 5% of the votin | g or equity securities of a corporation | |
| | No. None of the above applies. Go to l | Part 12. | |
| | ☐ Yes. Check all that apply above and fill | I in the details below for each business. | |
| | Business Name Address | Describe the nature of the business | Employer Identification number Do not include Social Security number or ITIN. |
| | (Number, Street, City, State and ZIP Code) | Name of accountant or bookkeeper | Dates business existed |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties. | tcy, did you give a financial statement to an | nyone about your business? Include all financial |
| | ■ No □ Yes. Fill in the details below. | | |
| | Name Address (Number, Street, City, State and ZIP Code) | Date Issued | |
| Pai | t 12: Sign Below | | |
| are with 18 U | | false statement, concealing property, or ol | declare under penalty of perjury that the answers btaining money or property by fraud in connection irs, or both. |
| | zabeth Esther DiVirgilio Inature of Debtor 1 | Signature of Debtor 2 | |
| Dat | te February 17, 2017 | Date | |
| Did ■ N | •• | ent of Financial Affairs for Individuals Filing | g for Bankruptcy (Official Form 107)? |
| Did ■ N | you pay or agree to pay someone who is no | t an attorney to help you fill out bankruptcy | y forms? |
| | es. Name of Person . Attach the Bankru | ıptcy Petition Preparer's Notice, Declaration, a | nd Signature (Official Form 119). |

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 45 of 61

| Debtor 2 | irst Name | Middle Name Middle Name | Last Name Last Name | | |
|----------------------|---------------------|--------------------------|----------------------|-----------|--------------------------------|
| (Spouse if, filing) | irst Name | Middle Name | Loot Namo | | |
| (-) , 3, | irst Name | Middle Name | Last Nama | | |
| United States Bankru | | | Lastiname | | |
| | ptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | | k if this is an nded filing |
| Official Form | | n for Individu | uals Filing Under | Chapter 7 | 12/15 |

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors,

whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

on the form

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

| Identify the creditor and the property that is collateral | What do you intend to do with the property that secures a debt? | Did you claim the property as exempt on Schedule C |
|---|--|--|
| Creditor's | ☐ Surrender the property. | □No |
| name: | Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | □Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |
| name: | ☐ Retain the property and redeem it. | |
| Description of | ☐ Retain the property and enter into a Reaffirmation Agreement. | ☐ Yes |
| property | ☐ Retain the property and [explain]: | |
| securing debt: | | |
| Creditor's | ☐ Surrender the property. | □ No |

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 46 of 61

| Debtor 1 | Elizabeth Esther DiVirgilio | Case number (if known) | |
|---------------------------|---|---|---------------------------------|
| name: Descrip | у | □ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]: | ☐ Yes |
| securin | g debt: | | - |
| Part 2: | List Your Unexpired Personal Property L | | |
| For any ui | nexpired personal property lease that you ormation below. Do not list real estate leas | listed in Schedule G: Executory Contracts and Unexpired less. Unexpired leases are leases that are still in effect; the lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2 | lease period has not yet ended. |
| Describe | your unexpired personal property leases | | Will the lease be assumed? |
| Lessor's r | name: | | □ No |
| | on of leased | | |
| Property: | | | ☐ Yes |
| Lessor's r | | | □ No |
| Description Property: | on of leased | | ☐ Yes |
| . , | | | L Tes |
| Lessor's r | name: on of leased | | □ No |
| Property: | on on leased | | ☐ Yes |
| Lessor's r | name. | | □ No |
| Description | on of leased | | □ NO |
| Property: | | | ☐ Yes |
| Lessor's r | name: | | □ No |
| Description Property: | on of leased | | П V |
| | | | ☐ Yes |
| Lessor's r | name: on of leased | | □ No |
| Property: | on on leaseu | | ☐ Yes |
| | | | |
| Lessor's r Description | on of leased | | □ No |
| Property: | | | ☐ Yes |
| Part 3: | Sign Below | | |
| | | ated my intention about any property of my estate that sec | cures a debt and any personal |
| | hat is subject to an unexpired lease. | | |
| | Elizabeth Esther DiVirgilio abeth Esther DiVirgilio | X Signature of Debtor 2 | |
| | ature of Debtor 1 | 5.ga.a.o 6. 505.6. 2 | |
| Data | Fabruary 47, 2047 | Data | |
| Date | February 17, 2017 | Date | |

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapte | r 7: | Liquidation |
|--------|-------|--------------------|
| | \$245 | filing fee |
| | \$75 | administrative fee |
| + | \$15 | trustee surcharge |
| | \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

\$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 51 of 61

B2030 (Form 2030) (12/15)

United States Bankruptcy CourtNorthern District of Illinois

| In re | Elizabeth Esther DiVirgilio | | Case N | 0. | |
|-------------|---|--|--|---------------------------|-----------------|
| | | Debtor(s) | Chapte | r <u>7</u> | |
| | DISCLOSURE OF COMP | PENSATION OF ATTO | RNEY FOR | DEBTOR(S) | |
| C | or arsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 20 compensation paid to me within one year before the fer rendered on behalf of the debtor(s) in contemplation | filing of the petition in bankruptcy | , or agreed to be p | aid to me, for services r | |
| | For legal services, I have agreed to accept | | \$ | 1,550.00 | |
| | Prior to the filing of this statement I have receive | ed | \$ | 1,550.00 | |
| | Balance Due | | \$ | 0.00 | |
| 2. \$ | 0.00 of the filing fee has been paid. | | | | |
| 3. T | he source of the compensation paid to me was: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 4. T | he source of compensation to be paid to me is: | | | | |
| | ■ Debtor □ Other (specify): | | | | |
| 5. I | I have not agreed to share the above-disclosed co | ompensation with any other person | n unless they are m | embers and associates of | of my law firm. |
| [| I have agreed to share the above-disclosed composition of the agreement, together with a list of the | | | | law firm. A |
| 6. I | n return for the above-disclosed fee, I have agreed to | o render legal service for all aspec | cts of the bankrupt | ey case, including: | |
| b. c. | Analysis of the debtor's financial situation, and re Preparation and filing of any petition, schedules, s Representation of the debtor at the meeting of cre [Other provisions as needed] Negotiations with secured creditors t reaffirmation agreements and applica 522(f)(2)(A) for avoidance of liens on | statement of affairs and plan whic ditors and confirmation hearing, a to reduce to market value; ex ations as needed; preparation | th may be required and any adjourned cemption planni | hearings thereof; | filing of |
| 7. B | y agreement with the debtor(s), the above-disclosed Representation of the debtors in any any other adversary proceeding. | fee does not include the followin dischargeability actions, jud | ng service: licial lien avoida | nces, relief from sta | y actions or |
| | | CERTIFICATION | | | |
| | certify that the foregoing is a complete statement of nkruptcy proceeding. | any agreement or arrangement for | or payment to me f | or representation of the | debtor(s) in |
| Fe Da | bruary 17, 2017 te | Isl Angela Spalding Angela Spalding Signature of Attorn Spalding Law Co 2218 W. Chicago Chicago, IL 6062 773-227-2218 F info@spaldingla Name of law firm | g 6274242 hey enter LLC o Ave. 22 ax: 773-435-675 | 2 | |

Chapter 7 Bankruptcy Retainer Agreement

SPALDING LAW CENTER LLC IS A DEBT RELIEF AGENCY AND LAW FIRM. WE HELP PEOPLE FILE FOR BANKRUPTCY RELIEF UNDER THE BANKRUPTCY CODE.

Chapter 7 - Liquidation; eliminate dischargeable unsecured debt (certain debts may not be dischargeable)

In consideration for services to be rendered to undersigned Client(s) (hereinatter referred to as "Client") by

| Spalding Law Center LLC, its associates, co-counsels, consultants and paralegals, (hereinafter referred to as |
|---|
| "Attorney"), in connection with representing Client regarding bankruptcy matters. Client, jointly and severally |
| agrees to pay Attorney as follows: |
| $1/1/\sqrt{1}$ |
| 1. A total flat attorney fee of $\$$ $\frac{1}{1}$ $\frac{1}{1}$ is required to be paid for representation in Client's |
| bankruptcy case. An additional \$ 335.00 is to be paid by Client for the court filing fee of the bankruptcy |
| petition. |
| 7.// () |
| Today you paid us a retainer of \$ 'A retainer is an advance payment for Attorney services and the |
| expenses Attorney may incur on Clients behalf and does not cover the court filing fee. Client is also responsible |
| for costs associated with the due diligence products required to process the case, such as the credit counseling |
| and debtor education courses, credit reports, tax transcripts, real estate valuations, etc. Client agrees that the filing |
| fee and the optional due diligence fees are additional costs and are not included in the above-stated attorney fee, and |
| are payable in certified funds only. The attorney fee, due diligence fees, and the filling fee must be paid in full before |
| the case is filed. |
| 940 2 400 |
| You agree to pay your balance of S_940 in Z installments of \$_970 before |
| 1/30/16. |
| |
| TIMING SUMMARY OF THE FEES: |
| |
| STEP 1: PAY RETAINER |
| |
| STEP 2: COMPLETE YOUR PAYMENT PLAN OF FEES AND FOR DUE DILIGENCE MATERIALS |
| \$ 1135 = \$ 946 (total attorney fee retainer) = a separate payment to Attorney for due diligence |
| \$ 103> = \$ 946. (total attorney fee retainer) = a separate payment to Attorney for due diligence materials of \$ 90 (credit report, credit counseling class, tax transcripts, real estate evaluation) |
| Then we work on the petition and mail it out to you. We then instruct you to take the credit counseling class. |
| |
| STEP 3: PAY FILING FEE AND DEBTOR EDUCATION COURSE |
| 22 CT (filing firs + debution administration flags) |
| Pay this when you return the signed petition, after you have taken the first class. |
| |
| s 1825 TOTAL OUT OF YOUR POCKET FOR THE ENTIRE PROCESS |
| |
| <u>┗╾┯┉,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u> |
| 2. PARTIES: This agreement is entered into on the date shown below between Attorney (and not |
| any individual attorney or agent of Spalding Law Center LLC) and the Client. Client has retained Attorney to |
| consult and advise Client regarding bankruptey matters under Chapter 7 of the bankruptey code. Attorney agrees to |
| use its best efforts and abilities in representing Client in bankruptcy. Client acknowledges that Client is not retaining |
| Attorney to represent or appear in any other type of case, lawsuit or proceeding other than Clients bankruptcy case. |
| Sending or receiving any summons or complaint, or notifying the Attorney of a pending lawsuit does not obligate |
| the Attorney to represent Client in that lawshit or before that court. Any representation of Client in a state court |
| proceeding, including without limitation: collection lawsuits and foreclosure lawsuits, is not included in this |
| |
| Bankruptcy Retainer Agreement. Any referral made to another Attorney to represent Chem is a courtesy only. The |

Attorney is not associated with any other Attorney outside of the undersigned Attorneys law offices.

Page 1 of 6

- ATTORNEY FEES: Client agrees to pay Attorney as stated in Paragraph 1. Client agrees to timely pay the fee and court costs, and optional due difigence materials prior to the filing of the petition. In the event Client has not paid all earned fees, Attorney may retain counsel to collect any unpaid, earned fee without further notice. Client will additionally be responsible for any reasonable collection costs including attorney fees and court costs, not less than \$400. In the event Client wants to convert the case into a Chapter 13. Client acknowledges that there will be additional attorney fees for services provided to convert and there may be additional court costs. Conversion requires a new agreement and Client agrees that in the event of conversion from Chapter 7 to Chapter 13, any fees due under this agreement may be collected from the Chapter 13 trustee, but will not exceed the combined agreed fees under the two agreements. Client agrees to reimburse Attorney for any reasonable costs and fees incurred by Attorney as a result of dishonored checks or dishonored ACH payments. Client agrees to immediately pay Attorney a \$45.00 fee in in addition to the amount of the returned check, in certified funds. Failure to pay attorney fees in a timely manner could cause Attorney in its sole discretion to close the client file and terminate services (see Paragraph 6.) Client agrees that to reopen the case, Attorney must re-evaluate the case and may charge additional fees and may require Client to provide additional information.
- 4. **BASIC SERVICES:** Attorney shall provide Client with basic services in connection with Client's bankruptcy case that include, but are not limited to:
 - Review and analyze Client's financial circumstances based on information provided by Client.
 - If possible and to the extent possible, based on the information provided by Client, advise Client of the Client's pre-filing options, including but not limited to bankruptcy options.
 - Inform Client what information Client needs to provide Attorney in order to allow Attorney to provide appropriate advice and option information, in the event such information Client provided is insufficient.
 - d. Advise Client of the appropriate requirements in connection with the filing of a Chapter 7 or Chapter 13 hankruptcy, including the duties of Client connected with such filing.
 - c. Preparation and filing of the petition, schedules and statements
 - f. Assuming that a U.S. Bankruptcy proceeding is filed, Attorney services will include all typical Attorney participation required in such proceeding, including but not limited to, appearances at Court hearings, representation at the meeting of creditors, preparation of legal memoranda, communication with opposing counsel and parties, and submitting information pursuant to requests from the trustee, and other routine services not specifically stated.
 - g. Take creditor calls both pre and post-filing.
 h. If Client's proceeding requires additional, br
 - h. If Client's proceeding requires additional, but not customary work. Attorney will inform Client directly, and enter into a separate written contract for such services to fully apprise Client of the fees, payment requirements, and expected services to be provided.
- 5. NON-BASIC SERVICES: Client agrees that the following matters are not included within the scope of this Bankruptcy Retainer Agreement. Client agrees that, as to the matters listed below, the Attorney will not take any action on Clients behalf, without a written request and/or a separate Retainer Agreement and possibly an additional retainer:
 - Motions to revoke a discharge.
 - Removal of a pending action in another court.
 - Obtaining title reports.
 - The determination of real estate or tax liens.
 - e. Appeals to the BAP, District Court of Appeals.
 - Correcting credit reports.
 - Negotiations with Check Systems regarding Client.
 - h. Motions to Dismiss under §707(a) or (b).

initials: 4

Page 2 of 6

- Any adversary proceeding filed by the Trustee, U.S. Trustee, or any other party on any basis, including, without limitations, proceedings to determine dischargeability of debts, such as those proceedings filed under 11 U.S.C. §523 or §727 (minimum 4 hours of attorney time paid in advance before appearance is filed paid at \$300.00 hourly).
- j. Actions to enforce the automatic stay pursuant to §362(k) and actions to enforce the discharge injunction pursuant to §524.
- Rule 2004 examinations, depositions, interrogatories, other discovery proceedings (other than initial §341 meetings), and contested motions.
- Redemption and replacement loan review and motions, and related work pursuant to §722 (\$600)
- Motion to avoid judgment licus (\$300.00 per motion).

Additional fees will also apply for: preparation of amendments to creditor schedules (\$150 +S30 filing fee); delays caused by Client including Client's failure to provide information, failure to return paperwork, and failure to sign prepared petition in a timely fashion; missed signing appointments; and continued §341 hearings (\$250) if continued due to Client's failure to appear.

6. TERMINATING SERVICES (Refund Policy): If Client decides to discontinue Attorney's services at any time, Client must notify Attorney in writing. Client is only entitled to a refund of uncarned fees in the event Attorney is terminated prior to the filling of the petition. Client agrees that Attorney will not refund the flat fee if Attorney has filed the case on Client's behalf and has attended the Meeting of Creditors—even if the case has not completed, unless retention of the entire flat fee would be unreasonable. Client understands that the retainer will not be refunded regardless if Client decides to cancel filling of the bankruptcy petition or not. If termination occurs prior to filling. Attorney shall provide an accounting of time and services and issue a refund check within a reasonable time (usually 30 days). Attorney's current hourly rate is \$250.00 per hour for attorney time and \$50.00 per hour for non-attorney time for purposes of determining the refund due. This hourly fee is subject to periodic review and increase to be commensurate with the fees charged by other attorneys of similar experience within the field. Client also agrees that Attorney's services will be considered terminated upon the following events: dismissal of the case or the closing of the case under Chapter 7.

Attorney reserves the right to withdraw from Client representation if, among other things, Client fails to honor the terms of this Agreement, including non-payment of Attorney and court filing fees; Client fails to cooperate or follow advice on a material matter, or if any fact or circumstance arises or is discovered that would render continuing representation unlawful or unethical. Client is aware of an ethical requirement imposed upon all Attorneys in this state. If a Client, in the course of representation by an Attorney, perpetrates a fraud upon any person or tribunal, the Attorney is obligated to call upon the Client to rectify the same. If the Client refuses or is unable to do so, the Attorney is required to reveal the Iraud to the affected person or tribunal.

7. CLIENT'S OBLIGATIONS: In addition to paying the Attorneys Fees in a timely manner pursuant to Paragraph 3., Client also agrees to carry out all of Client's obligations pursuant to §521 of the bankruptcy code, to provide any and all requested information to Attorney, (see checklist and instructions in the Client folder), to notify Attorney of any change of contact information, to actively participate and communicate with Attorney during the duration of the case, and to cooperate fully with any Attorney staff member.

Client acknowledges his/her obligation to make FULL and complete DISCLOSURE of all Client's assets, liabilities, and financial information, including, but not limited to, any state court hearing dates or foreclosure notices, regardless of Client's intentions, and to provide all documents and information requested by Attorney, before the bankruptcy petition can be prepared and filed with the court.

Chent acknowledges that he/she much complete a pre-petition credit counseling course before the bankruptcy petition can be filed. Client understands that he/she must also complete a post-petition counseling course after the bankruptcy petition is filed and within the time frame allowed by statute. Client acknowledges that the bankruptcy cannot be filed without the certificate of completion of the pre-bankruptcy credit counseling.

initials:

Page 3 of 6

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 55 of 61

Client understands that no discharge of debts will be issued if the post-bankruptcy credit counseling is not completed within the statutory time frame.

Client acknowledges that the Attorney will not research creditor information, including addresses, account numbers, or balances. The Client must provide this information to the Attorney in writing. Failure to do so many result in unscheduled debts subject to non-dischargeability.

- 8. **LIMITED POWER OF ATTORNEY:** Client agrees that the signature on this contract also grants a limited power of attorney to Attorney to: 1) obtain tax information from anyone with whom the Client has consulted regarding tax returns or preparation or the IRS, including but not limited to, copies of Client's tax returns and/or transcripts; 2) obtain due diligence products including, but not limited to, real estate appraisals, title searches, asset searches, personal property valuations, and credit reports; and 3) represent the client in communications with creditors regarding their credit account information and other account details as they relate to the bankruptey case.
- 9. **RETENTION AND DISPOSITION OF RECORDS:** It is Attorney's general policy to maintain files for five (5) years after the completion of the Client's bankruptcy case, and reserves the right to destroy all contents of the file after the five (5) years starting from the date the case is closed. Attorney encourages Client to keep and maintain copies of all bankruptcy related matters. Client may request a copy of pottions of the closed file by sending a written request. Attorney reserves the right to charge a reasonable retrieval and duplication fee of at least \$30.
- 10. SIGNATURE AUTHORIZATION & COMMUNICATION: Client's signature on this contract shall be authorization for Attorney to file a bankruptcy petition for Client via the Bankruptcy Court's electronic filing system and all other subsequent filings through the Bankruptcy Court's electronic filing system. Client agrees that the preferred method of receiving documents from Attorney is via first class mail, but Attorney reserves the right to provide notices and contact Client via email if Client provides a valid email address.
- 11. **RECEIPT OF MANDATORY NOTICE AND DISCLOSURE:** The Bankruptey Abuse and Prevention and Consumer Protection Act of 2005 requires Attorney to provide mandatory notices/disclosures to Client. Signatures on this contract shall be acknowledgment by Client that Client has received, read, and understood the two (2) separate documents entitled "§527(a) Notice," and "Important Information About Bankruptey Assistance Services From An Attorney or Bankruptey Petition Preparer."
- 12. LAW CHANGES & OUTCOME: Client agrees that Attorney is not responsible and assumes no liability for changes in the law that could affect the advice Attorney gives Client. Attorney's advise is based on the current state of law and could be subject to change at anytime. Since the outcome of negotiations and litigation is subject to factors which cannot always be foreseen. Client acknowledges and understands that Attorney has made no premises or guarantees to Client concerning the outcome and is unable do so. Nothing in this Bankruptcy Retainer Agreement shall be construed as such a promise or guarantee.
- 13. **RESCISSIONS:** Client may only rescind a signed reaffirmation agreement by giving notice as detailed in the agreement within sixty (60) days of approval by the court or prior to discharge, whichever is later. Client should notify Attorney in writing within a reasonable amount of time in order to effectuate the rescission.
- 14. CO-COUNSEL: Client authorizes Attorney to hire co-counsel or independent attorneys as needed, at Attorney's expense, to work on this matter and divide fees with them on the basis of work and responsibility. Client authorizes Attorney, at its discretion, to have attorneys within the firm, or outside counsel, review Client's file to explore other potential causes of action Client may have against creditors.
- 15. NONDISCHARGEABLE DEBTS: Client understands that certain debts cannot be discharged in bankruptcy. Client agrees that Client is still liable to repay any debt not discharged in Client's bankruptcy. Client understands that the debts listed below are common examples of the types of debts that cannot be discharged in bankruptcy, and that non-dischargeable debts are not limited to this list. Client further understands that the list of

initials: ED ____

Page 4 of 6

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 56 of 61

non-dischargeable debts may be expanded by legislation or court decisions and Attorney has no control over the type of debts that may be or become non-dischargeable.

- Certain types of taxes, custom duties, or debts to pay taxes or custom duties.
- Student loans.
- Debts owed for spousal or child support.
- d. Debts owed to the spouse, former spouse, or child in a domestic relations proceeding.
- Debts arising from a previous bankruptcy wherein discharge of that particular debt was waived.
- f. Debts owed for money, property, services, extension-or-removal, or refinancing of credit, if obtained by false pretenses, or false representations, or actual fraud.
- g. Consumer debts for luxury goods obtained within ninety (90) days of the date of filing of the bankruptcy petition.
- h. Cash advances obtained within seventy (70) days of the date of the filing of the bankruptcy petition.
- Debts owed for fraud or defalcation while acting in a fiduciary capacity, or embezzle ment of larceny.
- Debts owed for fines, penalties, or forfeitures payable to and for the benefit of governmental entity.
- k. Debts owed for death or personal injury arising from the operation of a motor vehicle, boat or aircraft while intoxicated by drugs or alcohol.
- 16. Client understands that filing bankruptcy does not automatically discharge or remove liens from any real estate. Client agrees that the Attorney will not take any action to avoid (remove) any lien on real estate unless Client specifically authorizes the Attorney to do so in writing. Client agrees that the Attorney will rely on Clients statements concerning ownership of real property and any liens attached to Clients real property. Client agrees that no real estate title search will be conducted. Client agrees that Attorney will not conduct a public records search for lawsuits filed against Client or judgments granted against Client. Client must separately order and pay for a real estate title search, or public records search for lawsuits or judgments, if Clients wishes to obtain one. Client agrees to hold the Attorney harmless if client later discovers liens, lawsuits or judgments against Client or against Clients real estate.
- 17. ENTIRE AGREEMENT: Client acknowledges that Client has read and understands all the terms and conditions contained in this Bankruptcy Retainer Agreement and that the entire contract between the parties is made part of this instrument, except as otherwise indicated. Client is in agreement with the terms of this agreement and has signed on the signature lines below. Client further acknowledges that Client has received a copy of this Bankruptcy Retainer Agreement.

| ESTIMATED ASSET VALUE (EQUITY) Real Prop | ESTIMATED SECURED DEBTS: Mtg. Arrears Mtg. Bal. | NONDISCHARGEABLE DEBTS: Taxes Student Loans |
|--|---|---|
| Personal Prop. | 2d Mtg. Arrears 2d Mtg. Bal. Veh. #1 Bal. | Gov't Fines Child Support NSF |
| ESTIMATED UNSECURED DEBT: | Veh. #2 Bal | Other |
| ~~~ 1 · k~ | | |

36

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Page 5 of 6

| Dated: <u>07/15/</u> | 5016 | | |
|--|--|---|--|
| Client Signature | <u> </u> | LZABETH DA ient Printed Name | Virgilio |
| Client Spouse Signature | — <u>C</u> I. | ient Spouse Printed Name | <u>. </u> |
| Attorney It Law Spalding Law Center ELC | <u>/</u> | | |
| | | | |
| Please initial: | information or major life | changes throughout the a not limited to, a chang | ney with any changes in contact c duration of my (our) case. ge in: address, phone number, se, or other change in |
| - | I (wc) understand that my (our) attorney intends to deliver services as agreed and to maintain a healthy, respectful, and professional relationship with me. I agree to reciprocate and communicate respectfully <i>directly</i> with my (our) attorney if any unforeseen issues or criticisms arise. I will allow my attorney to resolve any issues that I may have directly. | | |
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Page 6 of 6

initials:

Case 17-04674 Doc 1 Filed 02/17/17 Entered 02/17/17 14:39:21 Desc Main Document Page 58 of 61

United States Bankruptcy Court Northern District of Illinois

| In re | Elizabeth Esther DiVirgilio | | Case No. | |
|-------|---|---|---------------|---------------------------|
| | | Debtor(s) | Chapter | 7 |
| | VER | IFICATION OF CREDITOR MAT | ΓRIX | |
| | | Number of Cro | editors: | 22 |
| | The above-named Debtor(s) he (our) knowledge. | ereby verifies that the list of creditors | s is true and | correct to the best of my |
| Date: | February 17, 2017 | /s/ Elizabeth Esther DiVirgilio Elizabeth Esther DiVirgilio Signature of Debtor | | |

Avant Credit, Inc 640 N La Salle St Suite 535 Chicago, IL 60654

Barclays Bank Delaware Po Box 8801 Wilmington, DE 19899

Card Services P.O Box 60517 City of Industry, CA 91716

Citibank / Sears Citicorp Credit Services Po Box 790040 Saint Louis, MO 63179

Citibank / Sears Citicorp Cr Srvs Po Box 790040 S Louis, MO 63129

Citibank Sears Citicorp Credit Srvs Po Box 790040 Saint Louis, MO 63179

Comenity Bank
Bankruptcy Department
P.O Box 182125
Columbus, OH 43218

Comenity Bank/Lane Bryant Po Box 182125 Columbus, OH 43218

Dept of Ed/Nelnet Claims Po Box 82505 Lincoln, NE 68501

European Foot and Ankle Clinic 5501 W. Belmont Avenue Chicago, IL 60641

Kohl's Payment Center P.O Box 2983 Milwaukee, WI 53201

Kohls/Capital One Po Box 3120 Milwaukee, WI 53201

PayPal Credit PO Box 5018 Timonium, MD 21094

Prosper Funding LLC 221 Main Street, Suite 300 San Francisco, CA 94105

Prosper Marketplace Inc Po Box 396081 San Francisco, CA 94139

Sears Credit Cards PO Box 6286 Sioux Falls, SD 57117

Synchrony Bank Attn: Bankruptcy Department PO Box 965061 Orlando, FL 32896

Synchrony Bank/ JC Penneys Po Box 965064 Orlando, FL 32896

Synchrony Bank/Car Care One Po Box 965064 Orlando, FL 32896

Synchrony Bank/Care Credit Po Box 965064 Orlando, FL 32896

Velocity Investments, LLC 1800 Route 34 N. Ste. 404A Belmar, NJ 07719-9147

Vsac Federal Loans Po Box 777 Winooski, VT 05404